The Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership
Abuse must stop

Annual Report 2015- 2016

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Further information about the Safeguarding Adult Board and its partners can be found at:
www.ssaspb.org.uk

If you suspect abuse or neglect

Phone 0845 604 2719 if the adult lives in Staffordshire

or

Phone 0800 5610015 if the adult lives in Stoke-on-Trent

Board contact details
Staffordshire Place 1
SSASPB (Adult Protection Team)
Stafford
ST16 2DH
SSASPB.admin@staffordshire.gov.uk

2. INDEPENDENT CHAIR FOREWORD

It is my privilege as Independent Chair to write the introduction to this Annual Report. This is my first year as Chair and I take this opportunity to acknowledge the significant contribution of my predecessor Jackie Carnell in building a sound foundation for our work.

The Annual Report provides an overview of the work of the Board and how it is making a positive difference to ensuring that adults with care and support needs who may be at risk of or experiencing abuse or neglect are protected.

Whilst there is a common commitment by safeguarding partners to improving outcomes, in practice this means understanding how to support and empower people at risk of harm to resolve the circumstances which put them at risk. We want to encourage and develop practice which puts the person with care and support needs in control and generates a more person-centered set of responses and outcomes. This means the Safeguarding Adults Board seeking assurances that all those who work with adults know when and how to act when they are concerned about a possible risk and the Board seeking assurances that effective advocacy services are in place for anyone who may need them at any point during a safeguarding episode.

Arising from our learning from the first year since the introduction of the Care Act 2014 there is an increased emphasis on making the actions within the Board Business Plans as specific as possible to ensure that we are clear about the outputs, outcomes and impact that the Board intends to be achieved. This will be an ongoing focus and will further strengthen our ability to quality assure and monitor performance against planned and intended actions.

In my first year as Independent Chair I have been impressed by the energy, commitment and enthusiasm of Board members and the many front line practitioners that I have met and their clear focus on doing their very best for those adults whom we are here to protect from harm.

I would like to take this opportunity to acknowledge the commitment of all of our partners and supporters including the statutory, independent and voluntary community sector who have contributed significantly to the work of the Board during the year. I am particularly grateful to all who chair the Board Sub-Groups and the Board Manager Helen Jones and the Board Administrator Stephanie Kincaid-Banks who work so hard behind the scenes to ensure that our business programme works efficiently.

I look forward to working with you again next year.
John Wood

3. ABOUT THE STAFFORDSHIRE AND STOKE-ON-TRENT ADULT SAFEGUARDING PARTNERSHIP BOARD (SSASPB)

The Care Act 2014 provides the statutory requirements for adult safeguarding. It places a duty on each Local Authority to establish a Safeguarding Adults Board (SAB) and specifies the responsibilities of the Local Authority and connected partners with whom they work, to protect adults at risk of abuse or neglect.

The main objective of a Safeguarding Adults Board (Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) in this case) is to help and protect adults in its local area by coordinating and ensuring the effectiveness of what each of its members does. The Board's role is to assure itself that safeguarding partners act to help and protect adults who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Safeguarding Adults Board has three primary functions:

- It must publish a strategic plan that sets out its objectives and how these will be achieved.
- It must publish an annual report detailing what the Board has done during the year to achieve its objectives and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any Safeguarding Adults Review where the threshold criteria have been met.

COMPOSITION OF THE BOARD

The Board has a broad membership of partners in Staffordshire and Stoke-on-Trent and is chaired by an Independent Chair appointed by Staffordshire County Council and Stoke-on-Trent City Council in conjunction with Board members.

The Board membership is shown at Appendix 1, at page 38.

The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. The strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action are shown in the Governance Structure at Appendix 2, at page 39.

SAFEGUARDING ADULTS – A DESCRIPTION OF WHAT IT IS

The Statutory Guidance for the Care Act 2014 describes adult safeguarding as:

"Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, making sure that the adult's wellbeing is promoted including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown at Appendix 3, at page 40. The Board has taken account of the Statutory Guidance in determining the following vision.

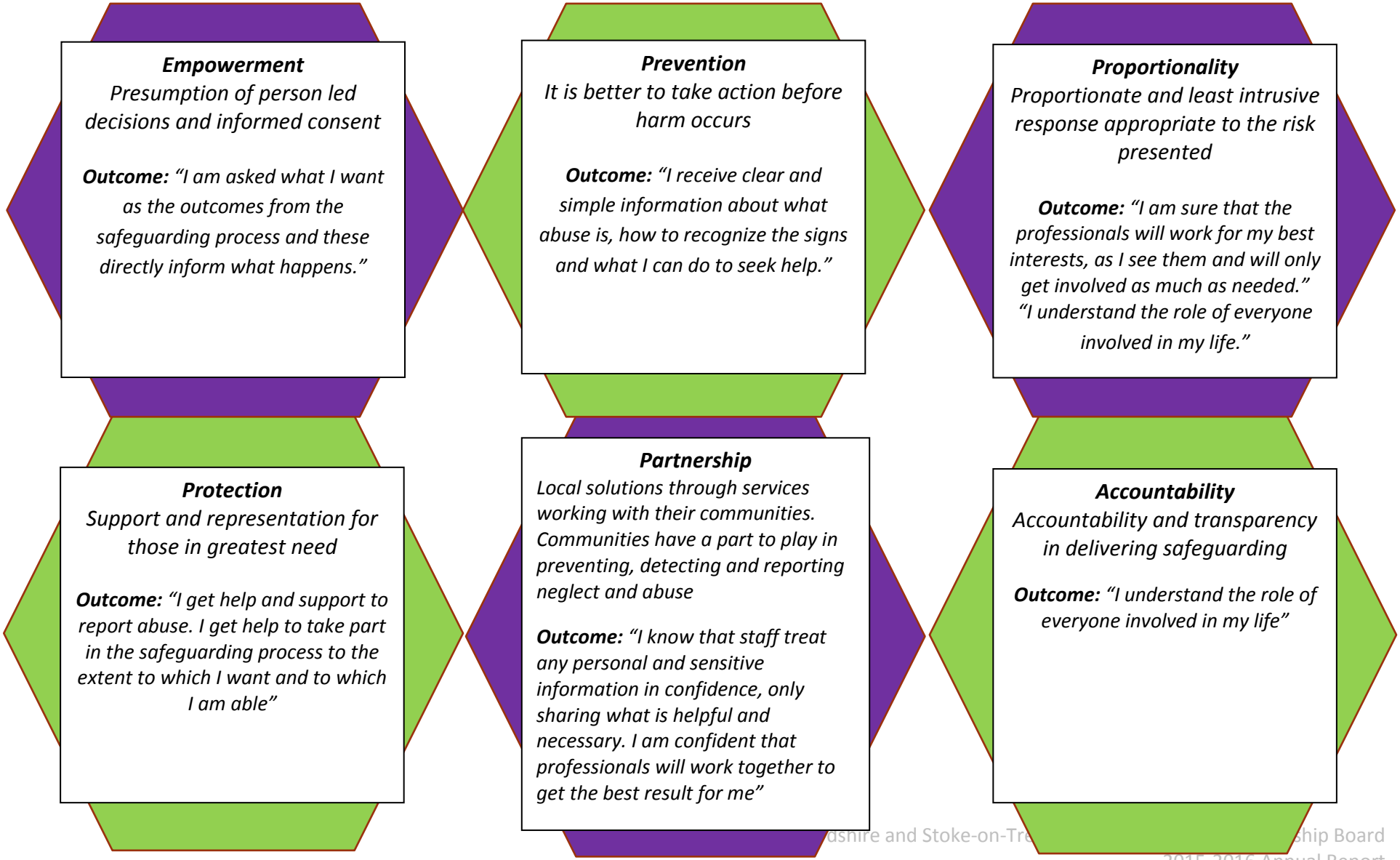
VISION FOR SAFEGUARDING IN STAFFORDSHIRE AND STOKE-ON-TRENT

'Adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect.'

Our vision recognises that safeguarding adults is about the development of a culture that promotes good practice and continuous improvement within services, raises public awareness that safeguarding is everyone's responsibility, responds effectively and swiftly when abuse or neglect has been alleged or occurs, seeks to learn when things have gone wrong, is sensitive to the issues of cultural diversity and puts the person at the centre of planning to meet support needs to ensure they are safe in their homes and communities.

4. SAFEGUARDING PRINCIPLES

The Department of Health (DoH) set out the Government's statement of principles for developing and assessing the effectiveness of their local adult safeguarding arrangements and in broad terms, the desired outcomes for adult safeguarding for both individuals and agencies. These principles will be used by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and partner agencies with safeguarding responsibilities to benchmark their adult safeguarding arrangements:



5. KEY ACHIEVEMENTS AND FOCUS OF THE SUB-GROUPS

This section outlines the work done in partnership during the year to help and protect adults at risk in our area. It also highlights some of the key challenges that have been encountered.

Executive Sub-Group

Chair: Kim Gunn; Lead Nurse Head of Adult Safeguarding (North Staffordshire and Stoke-on-Trent Clinical Commissioning Group)

The Executive Sub-Group has responsibility for monitoring the progress of all of the other Sub-Groups' Business Plans as well as its own work streams which include the development of a Communication Plan and Information Sharing Guidance for practitioners. It ensures that the core functions identified in the Board's Constitution are carried out and that the overarching Strategic Objectives of the Board and the Sub-Group Business Plans are delivered. The membership is made up from the Chairs of the six Sub-Groups, Officers to the Board, the Board Manager and the Board Independent Chair.

The Sub-Group has:

- Led on the delivery of the Strategic Priorities
- Monitored progress towards delivery of the Sub-Group Business Plans, receiving and examining exception reports and escalating matters where appropriate to the Board
- Strengthened links with the Staffordshire Safeguarding Children Board and Stoke-on-Trent Safeguarding Children Board in supporting our Strategic Priority of 'Transition' into adulthood
- Gained assurances from safeguarding partners regarding Care Act 2014 compliance
- Engaged with and received presentations from advocacy services and Public Health England, specifically regarding local issues for adults who use care and support services and carers, including consultation on Public Health's 'Suicide Strategy'
- Reviewed and revised the Communication Plan, Information Sharing Protocol and Escalation Policy
- Led on the consultation for and development of the Board Strategic Plan for 2016-18
- Sought assurance from the two Local Authorities in relation to the Deprivation of Liberty Safeguards (DoLS) backlog resulting from the Cheshire West Supreme Court judgement in May 2014.

Challenges: The speed of progress with the 'Transition' and' Leadership in the Independent Care Sector' Strategic Priorities was slower than expected. Following the Board Development Day held on 8th January 2016, the Board agreed to move to a three year strategy to allow further scoping and to make delivery much more realistic.
Prior to the January 2016 Board meeting the Executive Sub-Group had considered progress towards delivery of the Care Act 2014 requirements and found that all were delivered except for those requiring community engagement. This is an area of challenge for the Board and it was agreed that 'Engagement' would become one of its Strategic Priorities from April 2016.

Policies and Procedures (P&P) Sub-Group

Chair: Stephen Dale; Adult Safeguarding Team Leader (Staffordshire County Council)

The Policy and Procedures Sub-Group has been focused on a major project to ensure the effective implementation of the Care Act 2014 and the requirement to ensure that our local multi-agency policies and procedures reflect the new legislation.

The Sub-Group has:

- Actively engaged with practitioners and training staff in all safeguarding partner organisations to ensure that the needs and requirements of the new 'Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures' were understood and being complied with
- Organised a large scale post-implementation of procedures event, consulting and engaging with 150 practitioners to gain detailed feedback to identify where revisions were required
- Produced practical, easy to understand and fit for purpose inter-agency safeguarding enquiry procedures – as reflected in the positive feedback from practitioners using them.

Challenges:

The Board acknowledges the challenge in the cultural change required to consistently ensure a Making Safeguarding Personal (MSP) approach within agencies and have been seeking assurances and evidence from partners which demonstrates commitment to it.

The Care Act 2014 compliant 'Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures' are to be distributed in an electronic version only for the first time. The Board will be seeking assurance that these are readily accessible and promoted within partner organisations for use by front line practitioners.

Safeguarding Adult Review (SAR) Sub-Group

Chair: Mark Dean; Detective Superintendent – Safeguarding (Staffordshire Police)

The Sub-Group has:

- Reviewed and refreshed the Safeguarding Adult Review (SAR) Protocol to ensure it remains compliant with the legislative changes of the Care Act 2014 and refreshed Care Act Guidance. It has been further enhanced through learning from local review processes
- Undertaken/commissioned SARs and learning reviews in accordance with the statutory requirements and SSASPB Protocol to highlight good practice and areas in need of improvement
- Developed and utilised a suite of options to learn from cases, whether they meet the threshold for SAR or not
- Monitored the implementation of recommendations from reviews undertaken by the SSASPB and quality assured the evidence provided by agencies in relation to how actions have been progressed to improve local adult safeguarding arrangements
- Ensured that the SSASPB has an experienced and consistent Scoping Panel, drawn from the core membership of the SAR Sub-Group to enhance the experience and expertise of members
- Invited non-contributing agency SAR Sub-Group members to act as Critical Friends, providing independent scrutiny and challenge, enhancing their experience and ensuring the integrity of the process and its adherence to the SAR Protocol
- Arranged for SAR Sub-Group members to access local and national training and events relevant to their positions within the Sub-Group.

Challenges:

The extension of the definition of Domestic Abuse into wider family relationships has led to a number of referrals for Domestic Homicide Reviews (DHRs) where there may be a safeguarding element. The Board has worked with connected partners to ensure that the SAR Sub-Group is notified of potential DHRs and has the opportunity to consider whether a safeguarding element exists and ensure that it is considered throughout the review process. This approach will need to be formally ratified in the SAR Protocol during 2016/17.

Learning and Development (L&D) Sub-Group

Chair: Shirley Heath; Head of Adult Safeguarding (Staffordshire and Stoke-on - Trent Partnership NHS Trust)

The Sub-Group has:

- Sought assurance from partners through the submission of quarterly training figures which are reviewed by the Learning and Development Sub-Group
- Sought assurance of the quality of training delivery by undertaking a Peer Review process where partners observe each other's training sessions and learn from each other; identifying best practice and giving developmental feedback
- Developed and ratified Adult Safeguarding Awareness and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) packages in line with the Care Act 2014 and the Mental Capacity Act Code of Practice (2005)
- Purchased E-learning licenses for 200 users for use by Private/Independent care providers and District Councils
- Supported Staffordshire County Council in delivering lessons learnt from Safeguarding Adult Reviews (SAR) training
- Sent Board members to two of the Economic and Social Research Council (ESRC) and Safeguarding and Legal Literacy (SALLY) seminars
- Provided for the attendance of the SSASPB SAR Sub-Group Chair at a key national SAR Conference
- Regularly provided information to safeguarding partners on regional and national safeguarding conferences and developmental opportunities
- Developed a draft Training Strategy, which will be ratified beyond the date of this Annual Report in 2016/17.

Challenges:

The provision of a Board approved E-Learning Adult Safeguarding Awareness training package had limited uptake and has therefore not been cost-effective. A decision has been taken not to continue to offer this methodology and instead make the Board approved packages more widely available for delivery within individual organisations.

Burton Hospital NHS Foundation Trust (BHFT)

Safeguarding Adult Level one face to face training is mandatory for all clinical staff at Burton Hospitals (BHFT) with a 3 yearly update and is included in the induction programme for all new starters. Compliance for 2015/16 is 93%. Non-clinical staff receive a signposting session on induction, with a mandatory 3 yearly update through e learning, compliance is 97% for 2015/16.

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training is delivered at BHFT, with a mandatory requirement for clinical staff from April 2016 including 3 yearly update.

Lessons learnt and patient stories are a key part of all safeguarding training and safeguarding operational meetings, in order to cascade and share lessons learnt. This provides assurance and embedding of safeguarding into clinical practice.

Staffordshire Police's organisational training delivery plan includes training for operational officers and staff in relation to adults with needs for care and support. This is complemented by fortnightly themed Public Protection Development Days which enable the opportunity of face to face training for all officers and staff. Throughout 2015/16 themes have included Domestic Abuse and 'Hidden Harm' which has raised awareness of Adult Safeguarding, the Care Act 2014, Mental Health, Human Trafficking and Modern Slavery. This has supported officers and staff in recognising and responding to the signs of adult abuse and neglect.

Staffordshire Police are currently working with the SSASPB to update the Level 1 Adult Safeguarding Awareness training product and to develop the SSASPB endorsed Level 1 package into a 'Computer Based Training' product accessible to all officers and staff. This will complement the planned activity to deliver Adult Safeguarding themed Public Protection Development Days in 2016/17.

Staffordshire County Council (SCC)

The Council's Adult Safeguarding learning and development programme has prioritized equipping staff with the knowledge and skills needed to enable them to undertake their statutory safeguarding duties. Training events, underpinned by the new 'Adult Safeguarding Enquiry Procedures', have emphasised the duty of the Local Authority to consider the physical, mental and emotional wellbeing of people needing care and support. This includes having regard for the person's views, wishes, feelings and beliefs. An aim of training delivered has been to support the cultural change necessary for successful implementation of the Care Act; to encourage workers to adopt a more person centered approach, identifying outcomes that matter to the person and incorporating Making Safeguarding Personal (MSP) into practice.

Training events on Adult Safeguarding Awareness and Mental Capacity Act 2005, combining theory with practical application, have been widely accessed by Local Authority staff and partners; over 70% of attendees represented Partner organisations i.e. Health, Staffordshire Police, Staffordshire Fire and Rescue and workers in the Private, Independent and Voluntary (PIV) sectors.

At the beginning of the year, the Local Authority continued with the delivery of briefings about the Care Act; preparing workers and supporting the implementation of the Care Act 2014 in relation to Safeguarding duties. Following on from these workshops, an extensive programme of events on Adult Safeguarding and the Mental Capacity Act 2005 has been delivered. Training incorporated current legislation, Case Law updates and learning from practice. Awareness events have been supported by more detailed training for workers who may be required to undertake the Section 42 Enquiry and for those with managerial responsibility. There has been an increase in multi-disciplinary attendance at all events. In addition to the planned events, the Local Authority has delivered bespoke training; significantly supporting workers with their understanding of the Mental Capacity Act 2005 and its application to practice.

Stoke-on-Trent City Council (SoTCC)

Our Local Safeguarding Adults Workforce Development Plan is designed to deliver appropriate training for all levels of staff and volunteers commensurate with their responsibilities in the safeguarding processes. In addition:

- All Adult Social Care staff have Safeguarding Adults training that is appropriate to their experience and grade as part of their appraisal objectives.
- Full Care Act 2014 training was rolled out to staff and partners prior to April 2015. Safeguarding under the Care Act has been a key focus within the Adult Social Care service and has been identified in the Community Wellbeing Assessment Service Training Plan.
- Safeguarding training was provided in relation to the Care Act 2014 changes and Making Safeguarding Personal (MSP) principles and Mental Capacity Act 2005 training to staff and providers where appropriate.

North Staffordshire Combined Healthcare NHS Trust (NHCST)

- All staff have adult safeguarding training that is appropriate to their role, this is mandatory training and as such is monitored and reported to commissioners.
- Further adult safeguarding training is also available to staff from commissioned trainers; this training usually has a focus on aspects of adult safeguarding such as The Managers Role, Conducting an Enquiry.
- All clinical staff receive mandatory mental health law training which includes Mental Health Act, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)
- Further Continued Professional Development (CPD) accredited training delivered in capacity and consent.
- In depth training on DoLS in addition to the mandatory training.
- All staff receive Workshop to Raise Awareness about PREVENT (WRAP) training.
- Domestic Abuse training is included in the safeguarding training; stand-alone domestic abuse training for clinical staff has been arranged to take place in 2016-17.
- Community teams received training on their role within the Care Act 2014, there were also extra sessions provided for ward based staff to update them on the changes to safeguarding responsibilities under the Care Act 2014.
- All staff can access supervision in a number of ways such as on a case by case basis, individual supervision or team supervision and is accessible from the Safeguarding Team.

Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) (South Staffordshire & Seisdon Peninsula CCG, Stafford & Surrounds CCG, East Staffordshire CCG, Cannock Chase CCG, North Staffordshire CCG and Stoke-on-Trent CCG)

Online Adult Safeguarding training level 1 is part of mandatory and statutory training and is provided for all staff when they commence employment with the CCGs. Staff then complete refresher training every three years which is monitored.

The Clinical Commissioning Groups represented by the Safeguarding Lead have maintained ongoing attendance to the Board. Throughout the period we have supported the Sub-Groups and the preparation for the increased challenges of the Care Act 2014. Safeguarding has been maintained as an important activity and we have continued to monitor and respond to clinical concerns raised. The Clinical Commissioning Groups hold safeguarding meetings where we review overall safeguarding activity and responsibilities.

Activity

- Ongoing interaction with the Commissioning Support Unit Safeguarding Nurses who also have oversight and support Adult Safeguarding Section 42 Enquiries within our local nursing homes.
- Ongoing provision of an Adult safeguarding lead, providing support and guidance to CCG staff and local GPs
- Successful joint bid with North Staffordshire and Stoke-on-Trent CCG to fund a Mental Capacity Act awareness raising project including development of a phone App
- Maintained awareness of NHS England updates through national webinars and study days

Key Developments

- Recognition of the need to recruit resource to support the growing adults safeguarding agenda within the multi-agency team
- A particular area of concern is the number of alerts relating to pressures ulcers; the focus has been aimed to increase awareness of correct reporting and investigation routes, reduce duplication and ensure learning is embedded within practice.

Training

- Safeguarding Clinical Lead attended educational and professional development sessions run through the Board for all partners. In addition, has attended NHSE Safeguarding development days.
- Local GPs have received Adult Safeguarding and Mental Capacity Act training provided by our Safeguarding Lead and MCA project Lead which were held across a number of dates to ensure good attendance.
- As commissioners, basic training is required for all Group staff at varying levels. Many of our staff have received basic level 1 training and this is under review to ensure all staff receive training in 2016-17 appropriate to their role.

Priorities and Plans for 2016/17

- A training needs analysis to be undertaken for Group staff to ensure appropriate levels of training are maintained and delivered
- To review of the current Adult Safeguarding Policy to ensure any required amendments are updated
- Provider contracts compliance – to undertake dashboard quarterly reviews and audits to ensure providers are adhering to their contractual obligations in respect to safeguarding
- Introduction of Mental Capacity Act audit for providers.

Staffordshire and Stoke on Trent Partnership Trust (SSOTP) is committed to ensuring that its workforce has the competencies and skills to apply adult safeguarding requirements and Mental Capacity Act 2005 principles. In doing so it has the following arrangements:-

- Adult Safeguarding level 1 training is a mandatory requirement for all staff within the Trust. Training is available via E-learning or taught sessions. Compliance rates are currently exceeding the 90% target set for achievement
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training is mandatory every 3 years for all staff who are responsible for care/support/management of patients/service users, via E-Learning. There is a competency framework in place and staff who lead best interest decision-making or complex decisions are required to achieve competency level 3 via taught sessions. E-learning is also available in between as a best practice option. The Trust has improved compliance with training in a short time frame.
- Staff who are required to make Deprivation of Liberty Safeguards referrals are required to attend bespoke training sessions
- Application of training to practice is ascertained via appraisals, supervision, quality visits and a range of audits. Training compliance is monitored regularly and reported via the Trust governance processes.

South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)

Adult Safeguarding Awareness and Mental Capacity Act (2005)/ DOLS training is a mandatory requirement for all frontline SSSFT Staff. The training is provided via an E-Learning platform making this easily accessible to our staff. This training includes a competency test which provides assurance around the knowledge and skills of our workforce in relation to safeguarding. Individual managers have oversight and responsibility for ensuring and supporting their staff complete this training as required. Regular reports are generated so that non-compliant staff can be identified and sufficient priority given to those individuals during professional supervision in order to ensure that they are practicing with up to date knowledge. In addition SSSFT provide safeguarding updates via the Trusts internal newsletter and **discussion forum.**

University Hospitals of North Midlands NHS Trust (UHNM)

All staff working within UHNM undertakes Adult Safeguarding Awareness / signposting training as part of the statutory and mandatory training programme for which we are currently 96% compliant. The training is delivered face to face to all new starters and thereafter staff have access to an E-learning package devised by the Adult Safeguarding Team. Within the training staff are also provided with an overview of the Prevent (Counter Terrorism) strategy and process to follow should they have any concerns.

In addition to the above it is mandatory for qualified front line practitioners to attend level 1 adult safeguarding training which again is provided in house; UHNM are working towards achieving 85% compliance. Adult safeguarding study days are run approximately six times per month and the agenda covers Adult Safeguarding Awareness level 1, WRAP (Workshop to Raise Awareness of Prevent), Dementia Awareness and Mental Capacity Act / Deprivation of Liberty Safeguards.

Mental Capacity Act (MCA) Sub-Group

Chair: Karen Capewell; Strategic Manager (Stoke-on-Trent City Council)

The MCA Sub-Group was formed to address some specific matters in relation to the application of the Mental Capacity Act 2005 and to assure the Board that this was consistent across partner agencies. The MCA Sub-Group has been tasked with raising awareness of the MCA across the partnership and measuring the effectiveness of its application.

The Sub-Group consists of a range of partners who are accountable for implementation and monitoring of the MCA in their respective organisations. Through this approach the membership of the group is able to identify and address the gaps in MCA awareness, application and practice across the partnership.

The Sub-Group has:

- Developed a complex case review process
- Identified MCA themes to audit for policy compliance during 2016/17
- Reviewed the structure and function of the Sub-Group to reinvigorate and refocus our work

Challenges: During the early stages of the formation of this Sub-Group there was some uncertainty as to what was required from the Board. The group has worked through the challenge and is now clearly focused on its important work.

District Council Sub-Group

Chair: David Smith; Principal Officer Communities and Partnerships (Staffordshire Moorlands District Council)

The District Councils Sub-Group serves both the SSASPB and the Staffordshire Safeguarding Children Board (SSCB). Its representatives are made up from Staffordshire District and Borough Councils. There are eight District or Borough Councils as follows: - Cannock Chase District Council, East Staffordshire Borough Council, Lichfield District Council, Newcastle Borough Council, Stafford Borough Council, Staffordshire Moorlands District Council, South Staffordshire Council, Tamworth Borough Council.

District Councils are statutory partners of the Local Children Safeguarding Boards, but they were not included in the Care Act 2014 as a statutory partner for Safeguarding Adult Boards. Nevertheless, the District Council Sub-Group has been a very well attended, enthusiastic and committed Sub-Group.

The Sub-Group has:

- Promoted delivery of level 1 Adult Safeguarding Awareness training to District and Borough Council staff members
- Reviewed and updated the District and Borough council policies to take account of the changes in the Care Act 2014
- Reviewed and updated District and Borough council websites to provide information on safeguarding, including promoting the work of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.

Performance, Monitoring and Evaluation (PM&E) Sub-Group

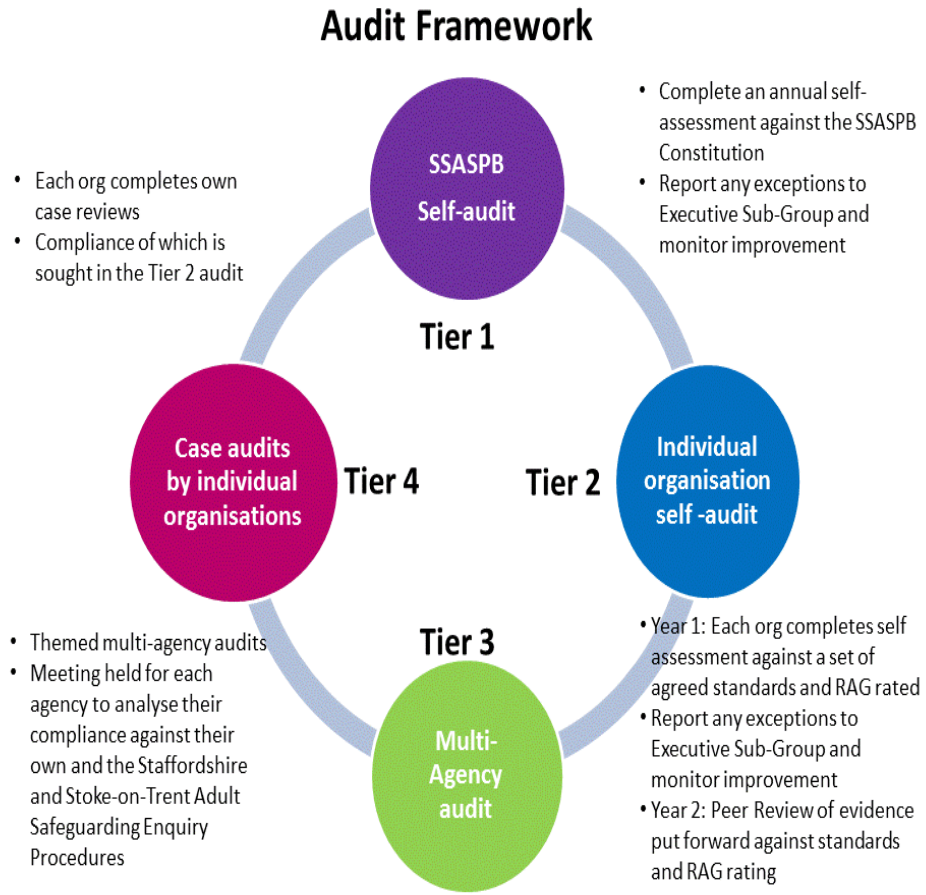
Chair: Sharon Conlon; Safeguarding Lead (South Staffordshire & Shropshire Healthcare NHS Foundation Trust)

It has been a challenging year for the Sub-Group, in part as a result of the implementation of the Care Act 2014 which has prompted the need for a revision of the performance indicators needed to support the assurance of functionality and success of safeguarding activity and also Staffordshire County Council's transition over to a new case management system which created some challenges for data collection.

During the course of the year the Board, through the Independent Chair, negotiated an arrangement for a Performance Manager to provide the performance requirements of the Board through a shared, collaborative Service Level Agreement with the two Local Safeguarding Children Boards in its area. There is more developmental work to be done in 2016/17 but the early indications are that this approach will deliver mutual benefits.

The Sub-Group has:

- Refined the tiered audit model (see Audit Framework diagram)
- Developed and negotiated approval for the introduction of an organisation audit tool to assess compliance with safeguarding requirements and an associated peer review process. Guidance notes have also been produced and approved by the Board.
- Overseen the gathering of the performance information for this annual report starting on page 17.



Challenges:

Due to the different partner organisational structures and data collation processes it was difficult to develop a universal performance data set that all partners could regularly contribute to. Working with partners the Board has been able to identify the information that is available from each agency and has developed a range of tools and guidance to help gather the relevant data to inform safeguarding work.

6. PERFORMANCE AGAINST 2015/16 STRATEGIC PRIORITIES

In the reporting period (April 2015 to end of March 2016) the three Strategic Priorities were:-

- Embedding the requirements of the Care Act (in relation to Safeguarding Adult Boards)
- Transition between Children and Adult Services
- Leadership in the Independent Care sector

Reports against Strategic Priorities have been a standing agenda item at the Executive Sub-Group and Board meetings with progress monitored against an action plan. A summary of progress and achievements is outlined below:

Care Act 2014

The SSASPB has worked to an Action Plan to prepare for the requirements of the Care Act 2014. This was a significant piece of work which was delivered using the Statutory Guidance. Progress was driven through the Executive Sub-Group and monitored by the Board.

At the January 2016 Board meeting it was reported that all standards were met other than those connected to community and service user engagement. The Board took the decision to have 'Engagement' as one of its Strategic Priorities for 2016-2018.

Transition

This Strategic Priority has a three year delivery timescale, led by the SSASPB and supported by both the Staffordshire Safeguarding Children Board and the Stoke on Trent Safeguarding Children Board.

In this first year the Board identified gaps in support and service for those young people who were in receipt as a child, but who did not meet the threshold for support by adult social care and health services.

Seven groups (or cohorts) of young people were proposed and for each one a focus group tasked to discuss where the gaps were. At the end of the reporting period work is continuing to identify the next steps the Board needs to take and will be reported upon in the 2016/17 Annual Report.

Leadership in the Independent Care Sector

This theme has a three year work programme and in the reporting period the Board has considered how this will be translated into meaningful and achievable local activity; and what the Board will focus on, as part of its assurance function. Through the Safeguarding Adult Review Sub-Group key themes which are considered to demonstrate examples of effective leadership - or lack of it - have been identified through scrutiny of Large Scale Enquiries (LSEs) led by Staffordshire County Council and Stoke-on-Trent City Council.

7. SAFEGUARDING ADULT REVIEWS

For the period April 2015 to March 2016 there is one Safeguarding Adult Review (SAR) to be reported upon.

Patient S was a 44 years old woman with known learning disabilities. She lived independently with a support plan and carers visiting. The woman was known to an acute provider's Safeguarding Adults team. She was admitted to hospital in July 2013 with a history of vomiting and weight loss.

Medical enquiries did not identify any organic cause of her symptoms. Whilst in hospital the woman refused all food, oral medication, and at times fluids. She was reviewed by liaison psychiatry, social services and dieticians at differing times during her stay in hospital and early in August 2013 was sectioned under Section 5.3 of the Mental Health Act 1983. She died five days later and her death was reported to the Coroner.

A Safeguarding Adult Review which involved two Health Trusts commenced in December 2013. Although the organisations shared their findings and learnt lessons in real time there has been some delay in the report publication due to protracted police investigations.

The **key learning points** from the Safeguarding Adult Review were the need for improved:

- ***Information sharing between multi-agency/multi-disciplinary Professionals***
- ***Understanding of the Mental Capacity Act 2005 and the Mental Health Act 1983 (as amended in 2007)***
- ***Pathways and policy regarding nutritional needs of patients***
- ***Recognition of the complex needs of S and referrals to specialist safeguarding teams***
- ***Recognition of malnutrition and***
- ***The consideration of specialist capability within the Trust for patients with a learning disability***

S had complex needs which required a coordinated and consistent approach. This consistency was compromised by the number of professionals who cared for her, all of whom saw S for small periods of time. Although they all contributed to the patient notes a joined up approach was lacking.

It is apparent that many professionals in their specialist fields endeavoured to follow best practice to care effectively for S but were hampered by their lack of collaboration and understanding of the Mental Capacity Act 2005 and Mental Health Act 1983.

For positive outcomes and the patient experience to be improved, clinicians at all levels need to have a requisite understanding of the Mental Capacity Act 2005 and the Mental Health Act 1983 and when each should be applied in practice. Progress against the multi-agency SAR Action Plan is monitored through the SSASPB SAR Sub-Group. The Group are also considering the roles of the Clinical Commissioning Group (CCG) led Clinical Quality Review Meetings (CQRM) to provide additional monitoring and scrutiny of this Action Plan.

8. ANALYSIS OF SAFEGUARDING DATA

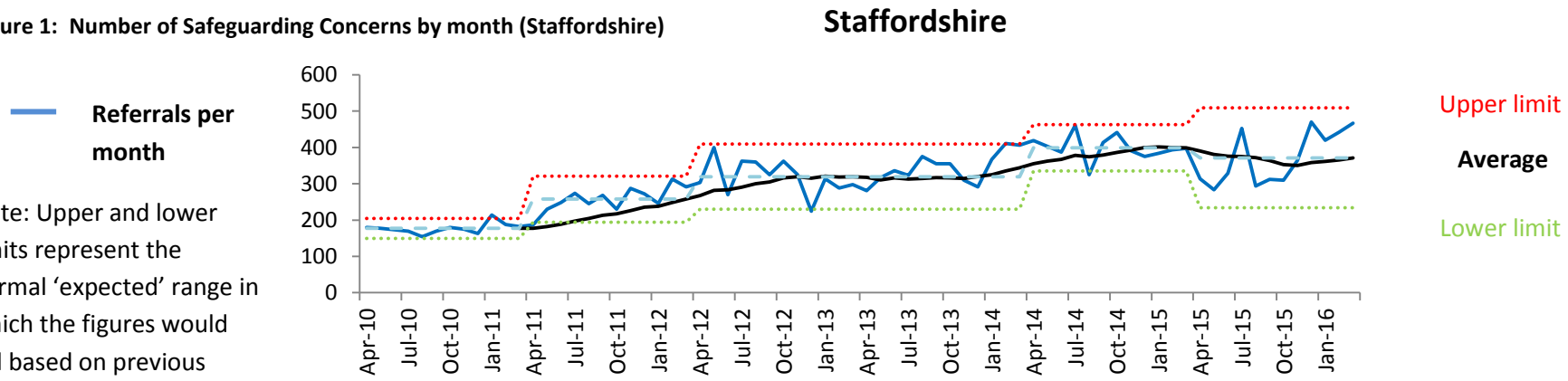
The introduction of The Care Act 2014 in April 2015 has resulted in a number of changes to safeguarding adults' terminology as listed below;

Previously under 'No Secrets Guidance'	Care Act 2014
Vulnerable adult	Adult at Risk
Alleged Perpetrator	Potential Source of Risk
Safeguarding Alert	Safeguarding Adult Concern
Safeguarding Referral	Section 42 Enquiry
Serious Case Reviews	Safeguarding Adult Reviews

This section provides a commentary and analysis of safeguarding data for 2015/16 from Staffordshire and Stoke-on-Trent with graphical illustrations of trends where appropriate.

i. Number of Safeguarding concerns received by month

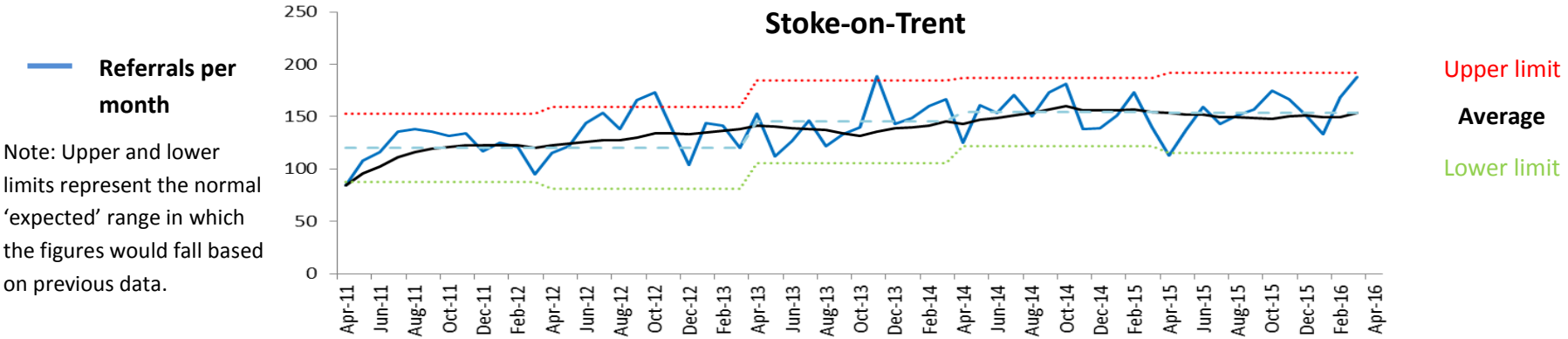
Figure 1: Number of Safeguarding Concerns by month (Staffordshire)



Note: Upper and lower limits represent the normal 'expected' range in which the figures would fall based on previous data.

Staffordshire: Figure 1 evidences the random distribution of the number of safeguarding concerns received in Staffordshire on a month by month basis. Whilst a comparison with previous years data does not identify seasonal trends, significant fluctuations can be partly explained either by periods of concentrated safeguarding awareness raising or when other processes highlight areas of concern for deeper investigation such as where there are clusters of concerns around Large Scale Enquiries (LSEs) where each person resident in a care home is recorded as a safeguarding concern.

Figure 2: Number of Safeguarding Concerns by month (Stoke-on-Trent)



Note: Upper and lower limits represent the normal 'expected' range in which the figures would fall based on previous data.

Stoke-on-Trent: Figure 2 shows that the average numbers of concerns in Stoke-on-Trent, around 155 per month, have been similar over the last 2 years. The upper and lower limits for 2015/16 are wider as the variation in monthly referrals is greater than in 2014/15. Some of the reasons for these variations include the commencement of Large Scale Enquiries where we see a spike in safeguarding activity, a change in internal organisation and management of workflow (initial dip in April 2014) and the implementation of the Care Act in April 2015 where the dip experienced is reflective of the national picture.

ii. Numbers of Safeguarding concerns meeting the threshold for a Section 42 Enquiry

Figure 3: Comparative of Number of concerns raised and numbers meeting the threshold for Section 42 Enquiry

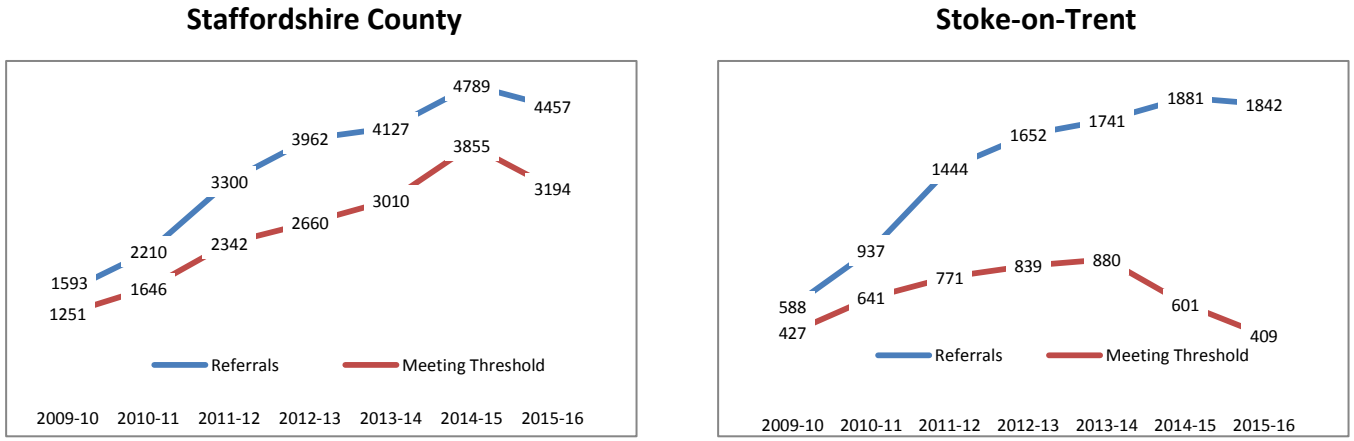


Figure 3 shows that during 2015/16 there was a reduction in the total number of recorded safeguarding concerns in both Staffordshire and Stoke-on-Trent which halts a trend in annual increases. This is in part explained by the introduction of the Care Act 2014 with the revised criteria for Safeguarding Section 42 Enquiries.

Staffordshire County

In Staffordshire the numbers of concerns meeting the threshold for Enquiry had increased annually between 2010 and 2014, but in 2015/16 the numbers fell markedly; at the end of 2015/16 the rate of the concerns reported meeting the threshold was 71.7% compared to 80.4% in the previous year. A key reason for this is the significant work undertaken within the Contact Centre where professionals determine if cases should be signposted to other more suitable routes, for example, where there is no concern regarding abuse but where there is a need for an assessment of need.

Stoke-on-Trent

In Stoke-on-Trent the rate of concerns meeting the threshold for investigation was 22.2%; processes in Stoke-on-Trent do not duplicate the additional stage of pre-social work involvement where contacts are triaged as seen in Staffordshire; rather all safeguarding calls are logged as concerns and passed on to a social worker for a threshold decision and therefore there are a lower number of concerns that meet threshold.

There were particularly marked changes during 2014 – 2015 and 2015 – 2016. In April 2014 the Local Authority reorganised the social care teams into a locality based structure in preparation for the Care Act 2014 which came into force in April 2015. Both of these changes to practice contributed to the reduction in the number of concerns that met the threshold for a section 42 enquiry. The conversion rate for Stoke-on-Trent is in line with the average for West Midlands Local Authorities (26%).

It is important to note that just because a concern does not lead to a Section 42 Enquiry it should not necessarily be considered as an 'inappropriate' social care referral as the number of concerns that are progressed to a Section 42 Enquiry are more indicative of the varying processes within Local Authorities, i.e. the managing of cases, variation in recording systems and appropriate signposting to alternative means of addressing concerns such as care assessment, review and complaint processes which are undertaken by Social Care staff.

iii. Number of Safeguarding Concerns received by Source of Referral

Figure 4: Source of concern over the past 3 years

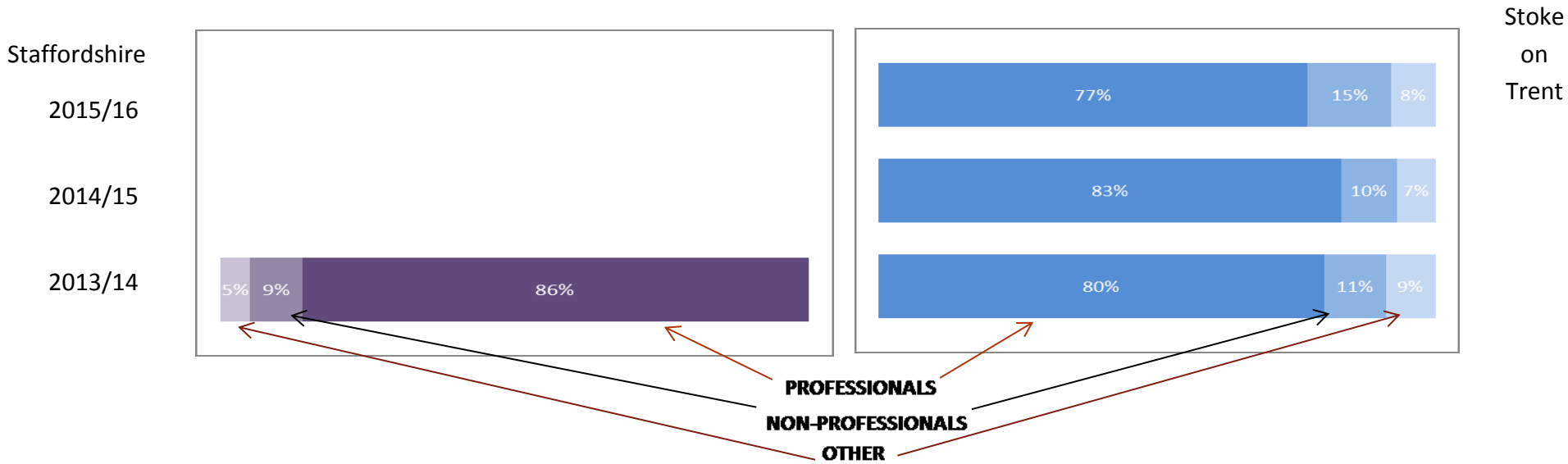


Figure 4 illustrates that concerns from both Staffordshire and Stoke-on-Trent have come predominantly from professionals. Due to the limitations of the Staffordshire County Council Adult Social Care case management system the referral source cannot currently be identified for individual safeguarding concerns and has not been collected since 2013/14. A service wide upgrade is scheduled in 2016-17 and Staffordshire County Council will refresh what data the revised management system is able to capture once this has been completed.

In Stoke-on-Trent the majority of concerns are referred by Health and Social Care professionals, mainly based in the community and many from within the private sector i.e. statutory social care staff, care homes, domiciliary care agencies etc. This seems to indicate a good level of education, awareness and reporting mechanisms across the social care sector.

However, in 2015/16 Stoke-on-Trent reported an increase in concerns recorded from non-professionals. The increasing contact from non-professionals coincides with the Board's engagement in a number of awareness raising events and the production and distribution of promotional material across the Staffordshire and Stoke-on-Trent area.

iv. Service user profile

Ethnicity

Where ethnicity had been stated, the majority of individuals for whom concerns had been made in 2015/16 were categorised as 'White British' 94% in Staffordshire and 92% in Stoke-on-Trent reflecting the populations in the latest census returns (March 2011).

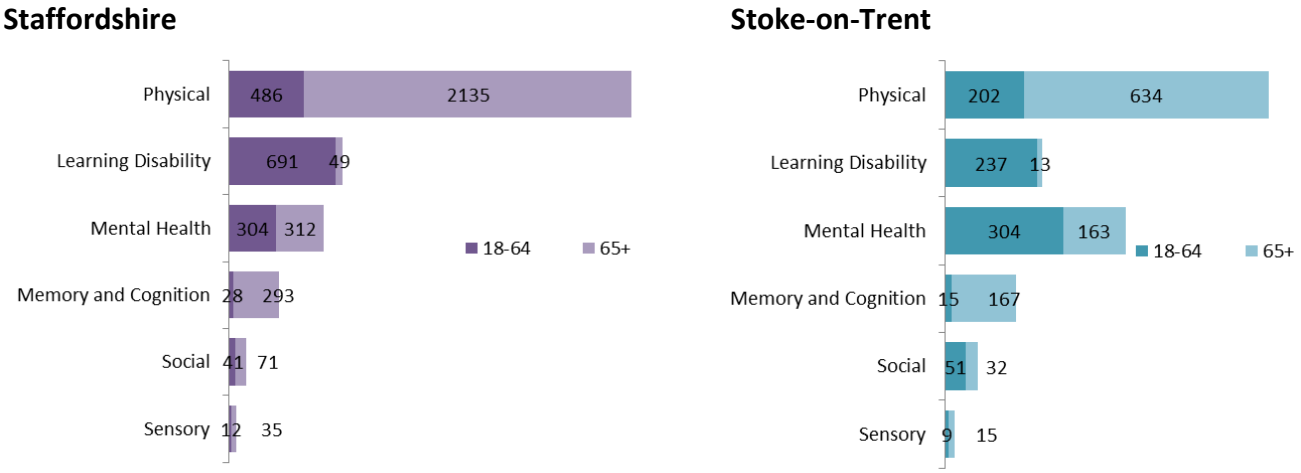
Stoke-on-Trent has seen an increase in safeguarding concerns for of adults of Pakistani origin over the last three years. Although still under represented Stoke-on-Trent has seen the proportion of Safeguarding Section 42 Enquires that are for adults of Asian ethnicity doubled, this was previously 1.9% and is now 3.7%. As there is a significant difference in the population of 'White British' and minority groups such as 'Pakistani' residents, any concerns could potentially appear to be a significant increase, particularly if multiple concerns are submitted for one or two individuals and should be taken in context. An increase in reporting would not be surprising in view of the general demography of the area. However, at this stage, on the basis of the information available any wider conclusions would be premature.

The Board needs to continue to improve engagement with black and minority ethnic groups. Work will be undertaken during 2016/17 through the implementation of the Communication and Engagement priority to raise awareness amongst diverse communities of the importance of safeguarding adults and to promote and encourage the recognition and reporting of abuse and neglect or potential abuse. The Board will continue to promote its key messages at awareness raising events, using a variety of communication methods and materials.

Primary Support Reason (PSR)

Figure 5 shows for 2015/16 all safeguarding concerns by age group and Primary Support Reason (PSR). Historically the largest number of concerns in Staffordshire and Stoke-on-Trent relate to people with physical support needs with the majority of those being aged 65 and over.

Figure 5: Number of referrals by primary support reason and age for 2015/16



In Staffordshire the second largest number of concerns continues to be received for adults aged 16 – 64 years with a learning disability as their primary need. People with a learning disability are more at risk in situations where they may be befriending strangers or misinterpreting social situations, which exposes them to abuse or potential abuse. In Stoke-on-Trent the second largest number of concerns continues to be received for adults aged 16 – 64 years who have a primary need related to Mental Health.

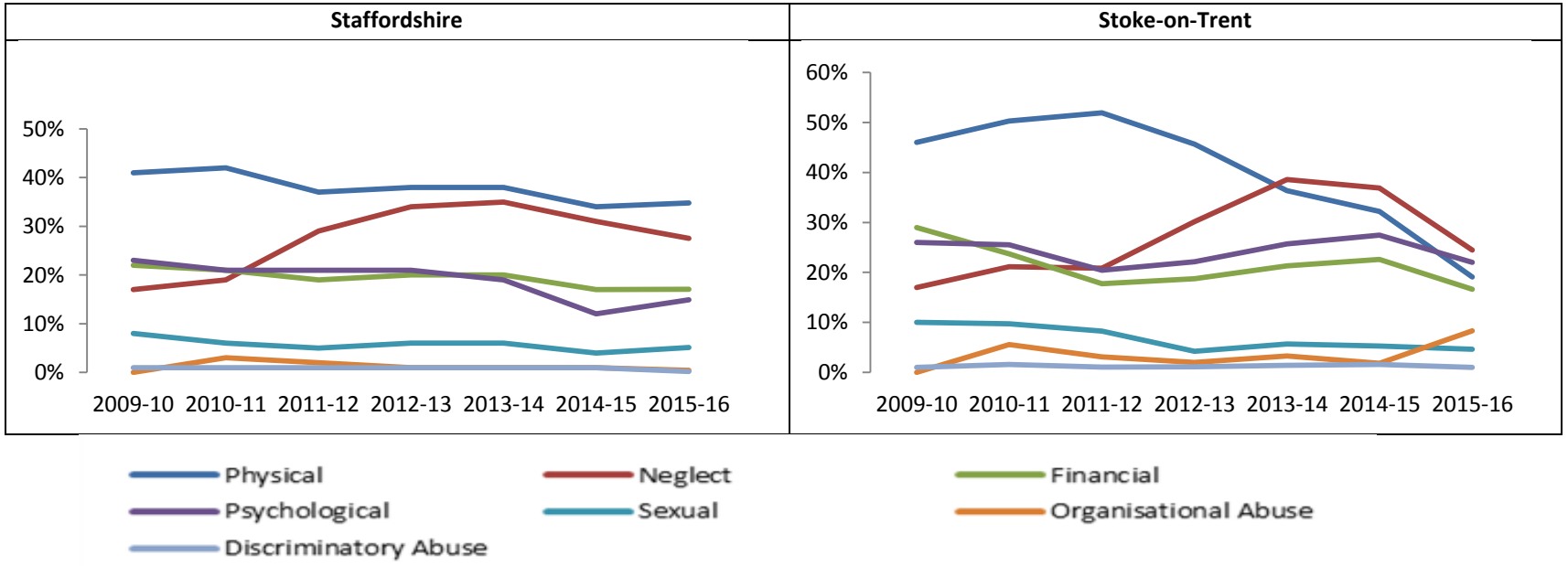
v. Categories of abuse; concerns by type of abuse

Figure 6 on the following page demonstrates how the **proportion of concerns** for each alleged type of abuse has changed over the last five years in Staffordshire and Stoke-on-Trent.

The Care Act 2014 Statutory Guidance identifies ten categories of abuse: **Physical, Sexual, Financial, Discriminatory, Neglect, Self-neglect, Emotional abuse, Organisational abuse, Domestic abuse and Modern slavery.** The addition of several new categories has been acknowledged

by Local Authorities and the collation of data is being revised in order to be able to provide assurance going forward.

Figure 6: Type of alleged abuse



The reason for the change in picture for Stoke-on-Trent is that they now only record the primary category of concern to each case whereas previously multiple categories could be selected; this has been implemented as choosing more than one category could affect data and give a false impression of caseloads and outcomes.

Allegations of physical abuse and neglect have remained the two most common reasons for referrals in both areas however, since 2012 Stoke-on-Trent has seen a continued reduction in concerns for physical abuse alongside an increase in concerns for neglect. Although neglect concerns appear to reduce in 2015/16, this was still the most common reason for referral last year and the reduction is largely attributed to the increase from seven to ten categories of abuse and neglect following the Care Act 2014, meaning alternative categories, such as organisational abuse may have been chosen as the primary concern.

The key trend continues to be the increase in the proportion of concerns that are raised in relation to neglect and this is directly connected to the numbers of allegations involving paid staff. The raised awareness of the need to challenge poor and unsafe care alongside better reporting of abuse and neglect is partly responsible for this continued trend, as is the perception of neglect as being something that goes beyond sub-

standard care and the failure to meet regulatory standards.

Caution should be exercised in over-interpreting the types of abuse, as these are subjectively defined and most abusive incidents involve more than one form of abuse. The data is mostly derived from that which is required for national statistics and this is essentially quantitative in nature and focuses on activity rather than outcomes; it is also heavily dependent on the client record systems for the Local Authorities and these can have an effect on the presenting amalgamated data when this is placed beside that of other authorities. This does lead to inconsistencies, even in neighbouring council areas, and this is also reflected regionally and nationally.

The new recording systems may partially explain why there has been a change in the profile as concerns are recorded differently e.g. recording 'domestic abuse' may lead to a reduction in concerns recorded as 'physical' or 'psychological'. The Board will seek to work with Local Authorities to gain a better understanding of local trends to ensure declines are reviewed in context and do not provide false positives.

The inclusion of new categories of abuse in the national reporting system will mean that it will be difficult to compare pre Care Act and post Care Act classifications. Additionally, the drive for a more personalised response to abuse may lead to even greater difficulties in interpretation in the medium term as the Board and the Local Authorities seek to clarify the key indicators and performance measures. Additionally, the inclusion of new categories of abuse in the national reporting system based on the revised statutory guidance to the Care Act 2014 will mean that it will be difficult to make meaningful comparisons with past data.

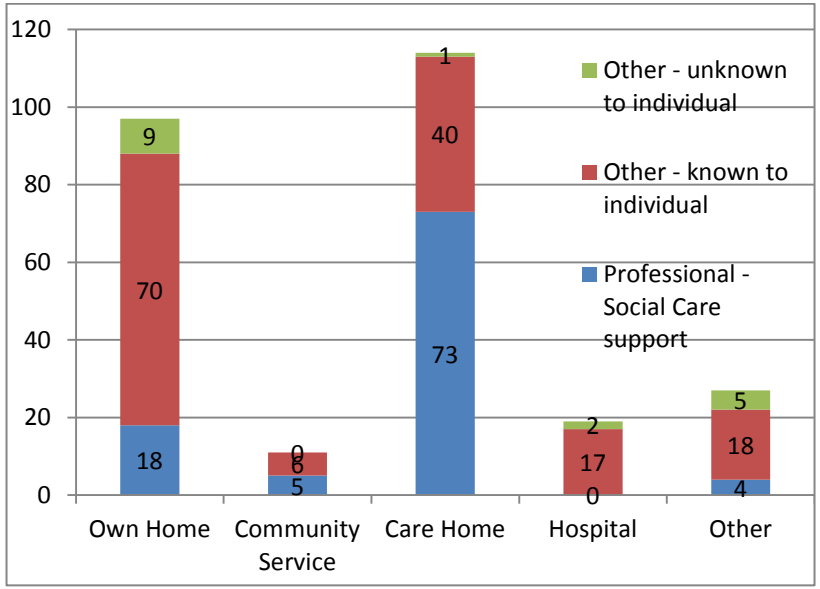
vi. Concerns by source of risk and location

Source of risk

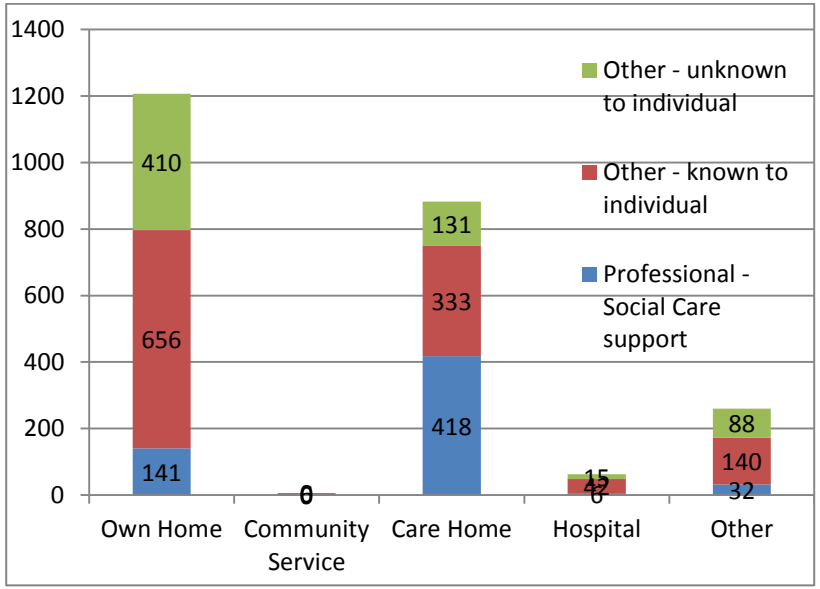
Figure 7 illustrates the proportion of alleged perpetrators of abuse categorised into three groups. *Professionals* e.g. Health care or social care workers for both local authority and the private, independent and voluntary sector, *Other – known to individual* such as family or friends and *Other* – not known to individual e.g. where the source of risk is not known or a stranger.

Figure 7: Sources and location of harm

Stoke-on-Trent



Staffordshire

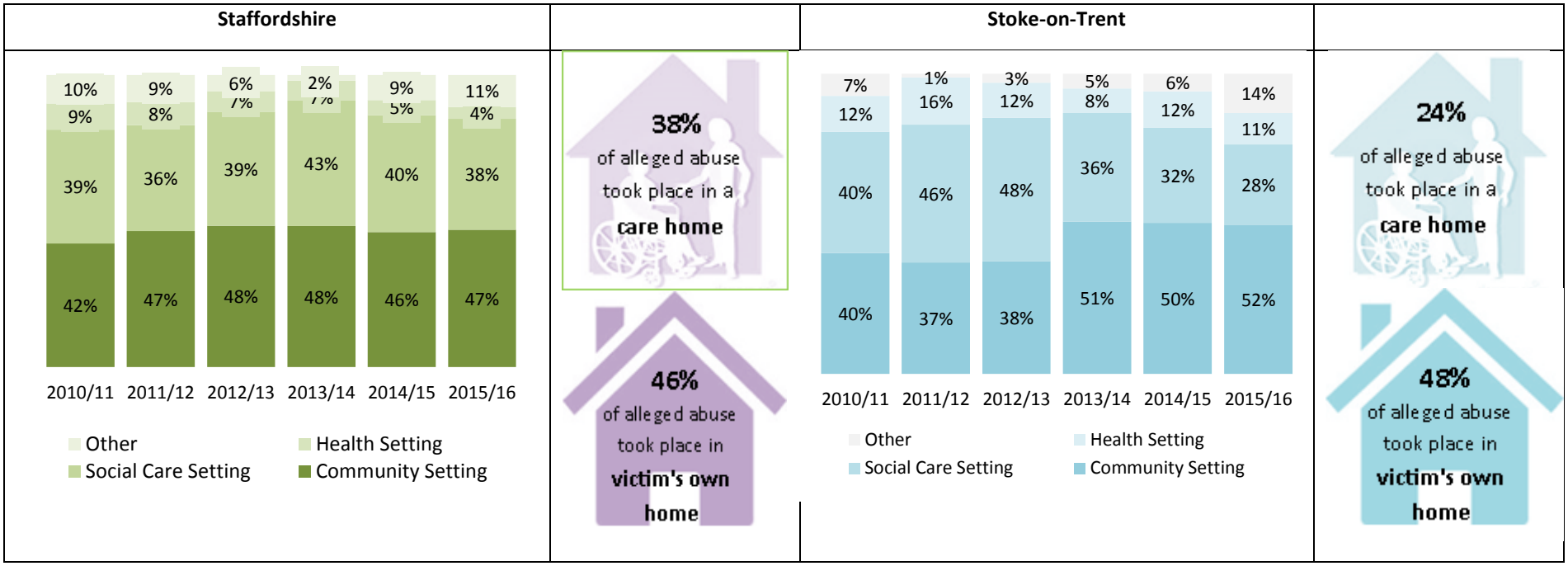


Individuals that are known to the adult remain the most common source of risk across both areas, a trend that has continued over the last six years. Staffordshire and Stoke-on-Trent Adult Social Care case management systems do not currently record the specific relationship between the source of risk and the service user.

Location of alleged abuse

Figures 7 above and 8 below provide an overview of the location of alleged abuse over the last six years.

Figure 8: Location of abuse



Since 2013/14 Stoke-on-Trent has seen an increase in the number of cases occurring within a community setting, more specifically this relates to an increase in cases within the adult's own home. There have also been notable reductions in the number of cases within social care and health settings.

In Staffordshire, proportions have remained relatively similar to those seen over the previous two years, although it must be noted that the increase in cases within a social care setting, which relate specifically to incidents in care homes, have reduced during 2015/16.

The location of alleged abuse or neglect is monitored to identify areas for further investigation, however there is limited value in collating data around the location of 'substantiated abuse' as abuse is naturally more apparent and observed in some settings; for example, there are more

often than not multiple witnesses to a service user's abuse of another service user but it is more difficult to substantiate allegations of abuse in an adult's own home.

vii. Outcomes of concerns

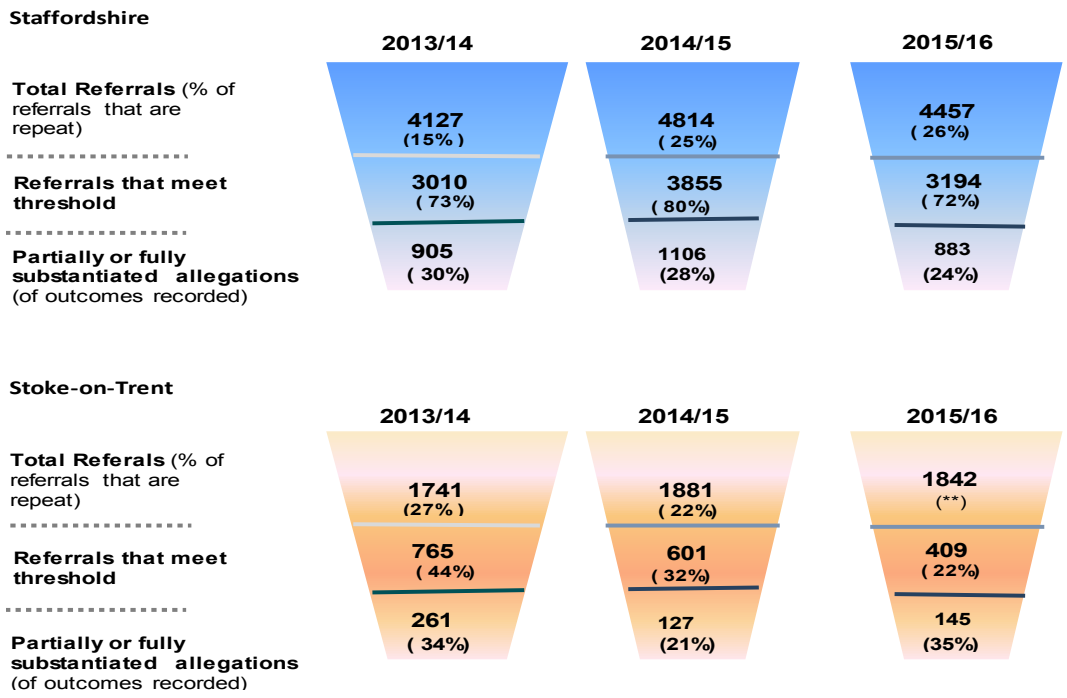
In view of the introduction of statutory criteria last year it may not be possible to directly compare 2015/16 outcomes data with previous years even though the data looks broadly similar. Figure 9 shows the proportions of concerns that met threshold for a Section 42 Enquiry and those partially or fully substantiated, and illustrate how trends have changed over the last three years in Stoke-on-Trent and Staffordshire.

During 2015/16 Stoke-on-Trent received a similar volume of concerns yet a smaller percentage than in previous years hit the threshold for a Section 42 Enquiry. Of those that met the threshold, a higher percentage was found to be substantiated (35%) i.e. where an outcome had been recorded.

Staffordshire does not follow this pattern as the number of allegations that are substantiated is lower than in 2014/15. The lower threshold can be explained as the process for measuring threshold differs between the two Local Authorities. In Staffordshire there is an additional stage where contacts are triaged prior to social work involvement, whereas within Stoke-on-Trent all safeguarding calls are logged as concerns and passed on to a social worker for a threshold decision.

Further details about Section 42 Enquiry outcomes can also be found in Figure 10; Outcomes of investigation on page 28.

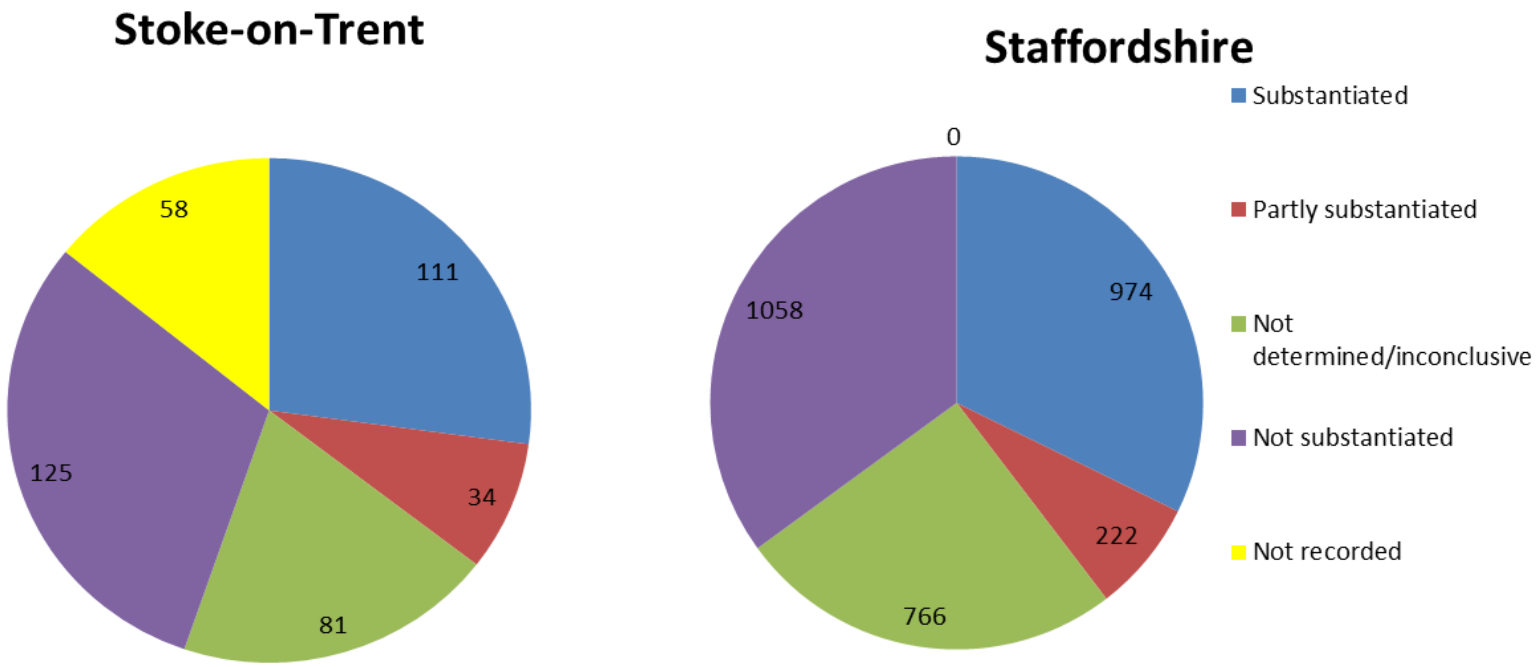
Figure9: Outcomes of concerns



** Stoke-on-Trent % Total Referrals not available for 2015/16

Capturing outcomes data has previously been an issue for Staffordshire County Council but has improved through careful monitoring of data quality. This issue is being continuously reviewed by the Information Technology and Performance Teams. Both Local Authorities provide a suite of data to the Performance, Monitoring and Evaluation Sub-Group of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board for scrutiny to identify risks, trends and identify relevant action for partners.

Figure 10: Outcomes of investigation



9. SAFEGUARDING IN PRACTICE

The following are examples from partner organisations of effective person centred safeguarding in practice; (*Names have been changed)

Burton Hospital NHS Foundation Trust (BHFT)

*Margaret is a lady in her eighties whose bi-polar diagnosis had meant that she had been struggling to live in her warden controlled accommodation. Her granddaughter, *Amanda, (who was named as her next of kin) moved Margaret into a residential home which was Amanda's choice and not Margaret's. While Margaret was in the residence a safeguarding concern was raised alleging that she had been physically and verbally abused. As a consequence she was admitted to an Acute Trust in order to enable her to be cared for until alternative accommodation could be found. She had no medical condition which warranted admission to the Acute Trust.

Whilst in hospital concerns were raised by the ward team caring for Margaret that she was constantly trying to call Amanda on the ward telephone and that Amanda had requested the ward staff prevent this from happening. The Adult Safeguarding team was contacted for advice and they attended the ward to speak to Margaret. It transpired that she was suffering financial abuse, with Amanda being identified as the source of risk, which was why she was making the repeated phone calls. Margaret also outlined that her granddaughter had power of attorney over her finances and health and she wished to revoke this.

The Adult Safeguarding team liaised with Margaret's social worker and Mental Health team and a mental capacity assessment was performed which determined that Margaret had capacity with regard to the decision to manage her own finances and the decision of placement on discharge.

The Office of the Public Guardian (OPG) was contacted to clarify the status of the power of attorney in order to take the relevant steps for revocation.

A multi-agency meeting was held at which Margaret was able to choose a care home to be discharged to. A visit to this home was arranged and the senior sister from the ward accompanied Margaret for support.

Once the Adult safeguarding team was involved a multidisciplinary approach lead to the positive outcome for Margaret. This involved collaboration between the Community Mental Health Team, the Trust Mental Health team, social workers, medical team, Office of the Public Guardian and the nursing home team.

Adult Safeguarding Enquiry Team (ASET)

In January 2015, Staffordshire Police and Staffordshire Adult Social Care formed the Adult Safeguarding Enquiry Team (ASET) with police officers working alongside, and co-located with Adult Social Care investigators. The team were created to deal with complex and high risk investigations where adults at risk who were victims of crime were able to be supported by a one touch service leading to positive safeguarding experiences and criminal justice outcomes that took account of their wishes and needs. Bespoke training was provided to the officers covering specialist interviewing and financial investigation followed up with regular multi-agency inputs.

During 2015/16 ASET have dealt with 268 referrals of which 21 have resulted in perpetrators of crime being charged or cautioned. 8 offenders have been convicted at court and a further 7 are awaiting trial. The incidents and offences ASET responded to cover a broad spectrum of offences including complex and protracted investigations.

Some examples of this multi-agency work are as follows:-

- Care worker charged with 8 counts of sexual assault, two on elderly residents (who lacked capacity) and six on fellow carers. He was employed at a large care home in Stoke-on-Trent where he committed all of the offences. He has been convicted at court and sentenced to 12 months imprisonment;
- Care worker at a residential home in Rugeley, ill-treated two residents (who lacked capacity and had complex care needs) whilst providing personal care despite being told to stop by fellow carers. He was subsequently charged and convicted with 3 offences of ill-treatment and sentenced to 26 weeks imprisonment;
- Care worker at a residential home in Lichfield, whilst providing personal care, physically ill-treated two residents by pinching the nose of one and kicking the other. He was convicted at court and sentenced to 12 weeks imprisonment.

The team has played a key role in raising awareness of colleagues to adult safeguarding concerns. They have delivered training to police colleagues and partners within the health and social care sector in relation to the Care Act 2014 and associated legislation. They have supported six Public Protection Development Days entitled ‘Hidden Harm’ delivered by the force to 300 officers and police staff to raise awareness of Adult Safeguarding, the Care Act 2014, Mental Health, Human Trafficking and Modern Slavery and help colleagues to recognise and respond to the signs of adult abuse.

In addition to organisational development, the team also contributes to carrying out work to prevent the abuse of adults at risk. The team developed and delivered a campaign to coincide with national SCAMS awareness month to raise awareness of this type of abuse. A detailed and intensive strategy reached out to some 1.75 million users of Twitter and Facebook and highlighted the signs to practitioners across the organisation.

University Hospitals of North Midlands (UHNM)

A female adult presented to the pharmacy within the University Hospitals of North Midlands (UHNM) to collect her prescription following an out-patient appointment. During general conversation between the pharmacist and the patient it became apparent that she was anxious and distressed. The pharmacist had concerns and therefore tried to engage her further to establish if she could support her in any way. The patient disclosed that she felt suicidal and expressed that she wished to kill herself. The pharmacist tried to determine if she had any support at home for which she divulged that she was alone with an older child away at University. Sadly the patient became more agitated and left the department.

The pharmacist contacted the UHNM Adult Safeguarding Team for advice. The pharmacist was advised to urgently raise a safeguarding concern. The hospital based Social Care Team was contacted who advised that patient was not known to them. Given the nature of the concern raised, a decision was made to share information with Children's Safeguarding at UHNM who then undertook lateral checks.

It was established that the lady had two children one of which was under 18 years old. The Safeguarding Team alerted the Contact Centre that there was a minor living at the same address and that due to information known to the team, that her threats of suicide were valid. A home visit was carried out.

As a result, it was identified that the service user had a Community Psychiatric Nurse (CPN) who supported the multi-agency safeguarding response.

Staffordshire Fire and Rescue Service (SFARS)

In October 2014 the Staffordshire Fire and Rescue Service (SFARS) attended a house owned by an elderly lady named *Barbara. She had confused her alarm clock with the smoke alarm. Barbara was being looked after by her neighbour and her brother. Barbara was hard of hearing and her brother reported that she had early signs of dementia although this had not been diagnosed. Following consultation with the family, SFARS arranged for a specialist hearing alarm to be fitted along with a pendant system. A referral was made to Staffordshire Cares (Staffordshire County Council).

At the end of 2015 the SFARS staff attended a number of emergency calls at Barbara's home and a further referral to social services was made. Barbara was letting pans boil dry and putting toast under the grill and forgetting about them. SFARS were alerted each time by an alarm monitoring company. Barbara was very confused when SFARS staff arrived, constantly asking who we were and why they were there.

On a follow up visit there were further concerns that Barbara had let SFARS staff into the property without asking for identification. It was also noticed that there was personal paperwork (mainly bank statements) left on view. It was discovered that the battery in Barbara's hearing aid had

expired, this was replaced. A safeguarding concern was submitted and, after a joint visit with Social Services, Barbara went into supported living accommodation with the engagement and approval of both Barbara and her family.

Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP)

An elderly man, whist resident in a Staffordshire care home, contracted Methicillin-Resistant Staphylococcus Aureus (MRSA). The SSOTP Infection Control Team were able to determine that the gentlemen had been in the care home for over a fortnight without care plans and with no specific care plan for his urinary catheter. There had also been documented incidents of poor care and delays in getting the patient seen by a GP when he was showing signs of sepsis (severe infection).

The matter was subject to a Section 42 Enquiry (Care Act 2014), and the allegation of neglect around his catheter care was substantiated. The Infection Control Nurse met with staff at the care home and the safeguarding professionals involved and several improvements were put in place with immediate effect. These changes included improvements to record keeping and care planning, catheter care and infection control training sessions which were delivered by SSOTP at the home and well attended by care home staff. Re-audits of Infection Controls were arranged to monitor progress and to ensure that standards have been maintained and are benefitting all the residents in the home. The Local Authority Quality Team are also providing on-going support and monitoring.

10. BOARD DEVELOPMENT AND IMPROVEMENT ACTIVITY

Development Day

Since the Care Act 2014 and its Guidance the Board has taken the opportunity to ensure that it is meeting the new legislative requirements as well as the needs of our diverse communities. During the current reporting period the Board has been transitioning its role and becoming more strategic.

On 8th January 2016 the Board held a Development Day with the purpose to constructively challenge and reflect on what it is seeking to achieve, how this would be done, and to identify business areas that needed more focus and improvement. All partner organisations were well represented and actively engaged in themed workshop discussions. From the deliberations the Board affirmed its ambition to be 'consistently good' at what it does.

Arising from the discussions the following three key themes were identified for development and improvement:

1. **Engagement**

Whilst the Board membership includes representatives from a number of community and voluntary organisations it has not directly engaged with people who have used services in a formal safeguarding process at an individual or strategic level. The Board could obtain valuable input from engaging with those service users that had gone through the process but the current Business Plan actions focus on commissioners and providers. The importance of understanding the many and potentially different concerns of the various groups that make up our local communities was also recognised.

The Board concluded that engagement with service users, professionals, members of the public and its own members was an area for development.

Response: The Board needs to adopt a broad engagement strategy through which service users can shape and influence the Board's priorities, but it also needs to adopt a more targeted approach when seeking to address specific issues. It was decided that 'Engagement' with strands of service users; members of the public; carers' and professionals would be one of the SSASPB 2016/18 Strategic Priorities.

2. **Assurance**

The Statutory Guidance for the Care Act 2014 states at Para 14.133 'Each *local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to* ***assure itself*** *that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria'.*

The Board recognised that whilst there is evidence in the minutes of Board meetings that there is a healthy level of challenge it was important to be clear as to the areas where it seeks assurance from partner organisations and how that assurance will be obtained.

Response: The Board has embarked upon a programme of challenge and assurance, driven through the Board and the developing performance management and audit functions in all areas of business.

3. Risk Management

Prior to the Development Day the Independent Chair had expressed a desire to have a Board Risk Register. This was subject of a workshop discussion which recognised that strategic risks were not being monitored at Board level. Discussion resulted in a unanimous endorsement of the proposal.

Response: The Executive Sub-Group has developed a Risk Register template which was populated by each of the Sub-Groups and formally approved for use at the April 2016 Board meeting. The Risk Register will be refined according to the experiences from its use during 2016/17.

Internal Audit of SSASPB

In 2014/15 Staffordshire County Council commissioned an internal audit of SSASPB. The objective of the audit review was to assess whether the statutory requirement to establish a Safeguarding Adults Board had been complied with. The review covered the following areas:

- The SSASPB Constitution complies with statutory requirements;
- Board work fits in with strategic partnership working across the County Council;
- Governance arrangements are robust and effective;
- There are adequate business planning arrangements in place; and
- A performance management framework has been established against which performance is routinely reviewed.

The scope of the audit was limited to the systems and controls in place over the operation of the SSAASPB.

An overall audit opinion of 'Adequate' assurance was given with no significant issues for management or audit committee being raised. There were 5 medium risk and 4 low risk recommendations. Most of the recommendations had already been highlighted as matters for attention, arising from the discussions at the Development Day in the month prior to audit, and were being addressed.

11. MESSAGES TO COMMISSIONERS

Throughout the year Sub-Group Chairs have been asked to identify messages to convey to Commissioners as identified through their Sub-Group activity. The following were forwarded for inclusion in this Annual Report.

From the Learning and Development Sub-Group

Commissioners should monitor the compliance rates of their provider organisations in relation to training provided and the impact on practice in relation to Adult Safeguarding; Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

From the Mental Capacity Act (MCA) Sub-Group

Commissioners need to be assured that there is a sound understanding of Mental Capacity Act legislation and that it is applied in practice.

Policies and Procedures Sub-Group

The financial pressure on some local care providers is now extreme and this may not be conducive to positive and safe care for service users. This is demonstrated by the increased rate of service failure and the significant difficulties in identifying good leadership in some services. Quality monitoring in the independent care home sector is a powerful proxy in terms of safeguarding surveillance, harm reduction and prevention. Poor quality care has a substantial impact upon safeguarding practice. Commissioners of health and social care packages should ensure that adequate quality monitoring systems are in place to assist this.

Safeguarding Adult Review (SAR) Sub-Group

Commissioners should ensure that their providers are cognisant of lessons learnt, as identified through Safeguarding Adult Reviews and other learning review processes. Commissioners should seek assurance that learning is routinely used to improve practice.

12. FINANCIAL REPORT

Board resources include a dedicated core team who support and facilitate the work of the Board and Sub-Groups. Board members have the responsibility to deliver the Strategic Priorities, objectives and Sub-Group Business Plans with ownership retained at formal governance level.

This team and business activities were funded in 2014/15 through contributions from statutory partners and health providers as detailed in the financial report below.

Income

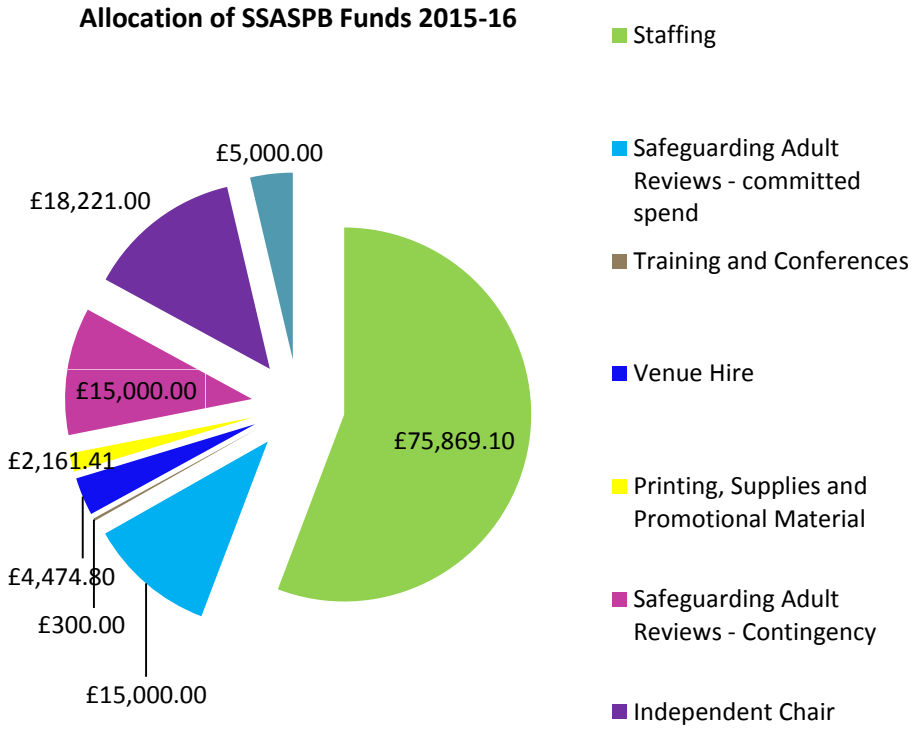
Organisation	Amount
Burton Hospital NHS Foundation Trust	£12,500
North Staffordshire Clinical Commissioning Group	£ 9,375
North Staffordshire Combined Healthcare Trust	£12,500
South Staffordshire Clinical Commissioning Group(s) (South Staffordshire & Seisdon Peninsula CCG, Stafford & Surrounds CCG, East Staffordshire CCG, Cannock Chase CCG)	£18,750
South Staffordshire & Shropshire NHS Foundation Trust	£12,500
Staffordshire and Stoke on Trent Partnership NHS Trust	£12,500
Staffordshire Police	£12,500
Stoke-on-Trent Clinical Commissioning Groups	£ 9,375
University Hospitals of North Midlands	£12,500
TOTAL	**£112,500**

Other income

The Board agreed that as in previous years the 2015/16 contributions from Staffordshire County Council and Stoke-on-Trent City Council would be provided through delivery of a training programme accessible to all partner agencies. The programme includes a range of level 3 training sessions around assessing capacity and making best interest decisions, the chairing and minuting of safeguarding meetings, completing and managing investigations and more.

The Board thanks the below agencies for their further 'in kind' contributions during 2015/16:

- Staffordshire Fire and Rescue Service for providing facilities for SAR scoping panels and Board meetings throughout the year.
- Other agencies providing meeting facilities without charge include Staffordshire Police, Staffordshire County Council and Stoke-on-Trent City Council.



During the year expenditure totalled more than the income received from partners. The Board had budgeted for this and decided before the start of the year to utilise part of the financial surplus from 2014/15.

13. APPENDICES

Appendix 1: Board Partners

Statutory Partners as of 31st March 2016

- Local Authorities
  - Staffordshire County Council
  - Stoke-on-Trent City Council
- Staffordshire Police
- NHS
  - Shropshire and Staffs Area Team NHS England
  - Stoke-on-Trent Clinical Commissioning Group
  - North Staffordshire Clinical Commissioning Group
  - South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
  - East Staffordshire Clinical Commissioning Group
  - Cannock Chase Clinical Commissioning Group
  - Stafford and Surrounds Clinical Commissioning Group
  - University Hospitals of North Midlands (UHNM)
  - Burton Hospital NHS Foundation Trust (BHFT)
  - Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP)
  - North Staffordshire Combined Healthcare NHS Trust(NSCHT)
  - South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)

Extended Partnership as of 31st March 2016

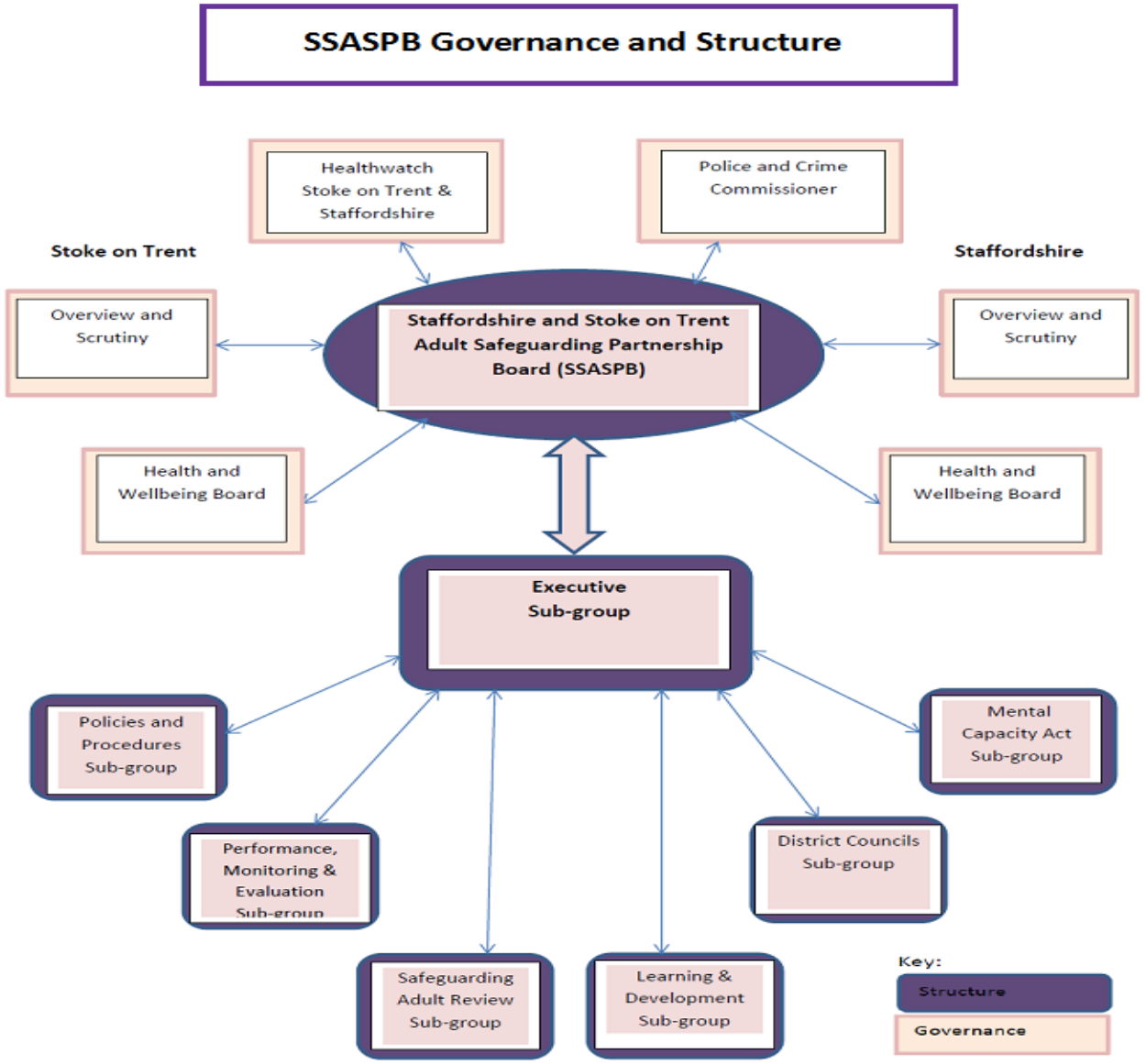
- National Probation Service (NPS) (Staffordshire and Stoke-on-Trent)
- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- West Midlands Ambulance Service (WMAS)
- Staffordshire Fire and Rescue Service (SFARS)
- Stoke-on-Trent City Council Housing
- Independent Futures (IF)
- Healthwatch (Staffordshire and Stoke-on-Trent)
- VAST (Voluntary Sector Representation)
- Staffordshire Association of Registered Care Providers (SARCP)
- Domestic Abuse Fora
- Hate Crime Fora
- Staffordshire District Councils Safeguarding Sub-Group
- Department of Work and Pensions (DWP) Job Centre Plus
- Her Majesty's Prison Service (HMPS)
- Trading Standards (Staffordshire and Stoke-on-Trent)

City of Stoke-on-Trent

NHS

Staffordshire County Council

Appendix 2: Governance arrangements



Appendix 3: Catergories of abuse and neglect

Categories of abuse and neglect - Section 14.17 of The Care Act Statutory Guidance describes the various categories of abuse and neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

15. REFERENCES

Care Act 2014 - http://www.legislation.gov.uk/ukpga/2014/23/contents

Care and support statutory guidance - https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Deprivation of Liberty Safeguards (DoLS) - https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-forms-and-guidance

Mental Capacity Act (MCA) 2005 - http://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Health Act (MHA) 2007 - http://www.legislation.gov.uk/ukpga/2007/12/contents

A 'Glossary' of terms will be available on the SSASPB website, which will be available at www.SSASPB.org.uk from 1st November 2016.